

2011 Savannah Asian Festival Participant Application

| Name of Organization: | | | | | | |
|--|------|-----|--------------|-----------------------|-----|-----|
| Contact Name: | | | | | | |
| Day Phone: | | | гах: <u></u> | | | |
| E-mail address: | | | | | | |
| My organization would like to participate with: | | | | | | |
| ☐ Food Booth | | | | | | |
| Food Vendor Booth | | | | | | |
| (Booth Fee: \$85; all food booths 16 x 20) | | | | | | |
| (Professional Food Service License and Certificate of Insurance Required) (No appen flames or beverage sales permitted in Civis Center) | | | | | | |
| (No open flames or beverage sales permitted in Civic Center) | | | | | | |
| Name of Organization (s): | | | | | | |
| Contact Name: | | | | | | |
| Day Phone: | | | | _ Fax: | | |
| E-mail address: | | | | | | |
| | | | | | | |
| Description of Menu Items: | | | | | | |
| | | | | | | |
| | | | | | | |
| Electricity requested? | Yes | No | | Grill Tent requested? | Ves | No |
| Electricity requested: | 103 | 140 | | om rent requested: | 103 | 110 |
| Certificate of Insurance attac | hed? | | Yes | No | | |

Return this form with check made payable to *City of Savannah Department of Cultural Affairs* by April 19, 2011. Thank you for your interest in participating!

City of Savannah Department of Cultural Affairs . 9 West Henry Street . Savannah . Georgia , 31402 (912) 651-6417 . Fax (912) 651-3677 . www.savannahga.gov/arts